

Mobility and Structural Barriers Contribute to Loss to Follow up from HIV Care in Rural South Africa

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Background:

- Retention in care is critical to achieving and sustaining viral load suppression, and reducing HIV transmission, yet lost to follow-up (LTFU) in South Africa remains substantial.
- We sought to understand reasons for disengagement and return to care in neglected rural settings.

Methods:

- Using convenience sampling, surveys were completed by 102 PLWH who disengaged from ART (minimum 90 days) and subsequently resumed care.
- A subset (n=60) completed individual in-depth interviews. Questions assessed HIV knowledge, stigma, barriers to health care, and reasons for both disengaging and returning to care.

Results:

- Among 102 participants (53% female), median duration of ART discontinuation was 9 months (IQR 4-22).
- Participants had HIV knowledge gaps regarding HIV transmission and increased risk of tuberculosis.
- Two thirds were unaware that ART prevents transmission to other sexual partners.**



Among people living with HIV returning to care, mobility and structural barriers impede longitudinal HIV care in rural South Africa.

Interventions that emphasize patient-centered care may improve long term outcomes.

Healthcare workers should be capacitated to identify patients' barriers to chronic care and intervene on those at high risk of LTFU.



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Examples of patient-centered care:

- Multi-month ART prescriptions
- Expanding medication distribution sites
- Integrating ART into primary care
- Facilitating linkage to remote facilities when away from their home clinic.

Reasons for disengaging from HIV care among people living with HIV in rural South Africa

- Mobility:** "I went to look for a job in Durban, and I forgot to ask for the transfer letter from the clinic. I did not find a job and then did not have money to come back to the clinic."
- Lack of money to travel to clinic:** "I have no work, not even enough for food and I had no money to go to the clinic, so taking my medication was too much for me."
- Lack of social support:** "When I found out about my HIV status I told my husband and he was in denial about the matter and said I should not take ARVs. I did not take them because he was angry when I did. I tried to hide them from him but it was difficult because we live together."
- HIV Stigma:** "I was scared to go to the clinic because I might come across people who know me. I was ashamed of having HIV."
- Adverse effects of medication:** "HIV medicines made me very hungry, and I did not have money to buy to food."
- Pill fatigue:** "I just got tired of taking my medication and stopped collecting it."
- Participant did not feel sick anymore:** "I felt that I was not sick anymore, therefore I saw no need to continue with medication."

See QR code for further quotes

Reasons for returning to HIV care among people living with HIV in rural South Africa

Patient became severely ill
To take responsibility for themselves or children
Previous barriers resolved
To avoid getting sick in the future
Clinic Staff convinced patient to re-initiate
Accepted HIV diagnosis

See QR code for example quotes

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